Iowa Department of Natural Resources

Abandoned Water Well Plugging Record

| 1. Owner: PW | /TS Well Number: |
|--|--|
| Name: City: | State: |
| Address: Zip: | Phone: () |
| If this was a Public Water Supply Well, please provide: | |
| PWSID Name: | PWSID Number: |
| 2. Well (Cistern) Location: | |
| 1/4 of,1/4 of,1/4 of, Section, Twp N, Range West/East (circle one) | |
| County, Describe | well location on property: |
| GPS Well Location: Latitude | Longitude |
| 3. Description: | |
| Well depth: <u>ft.</u> Casing mate | erial: steel, plastic, concrete, clay, brick, stone |
| Depth to water: ft. | (circle one) |
| in. Type of constructions | |
| Year or decade constructed: Depth of casing: ft. Check ☐ if thi | (circle one) |
| Check ☐ if Cistern depth:ft. | diameter: ft. |
| | |
| I certify this well has been plugged as required by rule 567-39.8 of the lowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well. | |
| Signature of Owner: | Date Plugged: |
| If plugged by certified well contractor, complete this box: | |
| I have plugged this well as required by rule 567-3 | 9.8 of the Iowa Administrative Code (IAC). |
| Signature of Contractor: | Cert. No |
| OR, If plugged by well owner, complete this box: | |
| The property owner has plugged this well following requirements in rule 567-39.8 of the lowa | |
| Administrative Code with the oversight and assistance of the designated county agent. | |
| Signature of County Agent: | Date Approved: |
| | |
| Eligible for Grants-to-Counties cost share: YES NO (Private Wells Only - Determined by County Agent) | |
| Complete one form for each well plugged and | |
| submit within 30 days to the local county agent: | or, only if no county agent is available, to: |
| | Water Supply Section |
| · | Iowa Department of Natural Resources |
| | 401 SW 7 th Street, Suite M Des Moines, IA 50309-4611 |
| IDNR FORM (REV 5/08) | 542-1226 |